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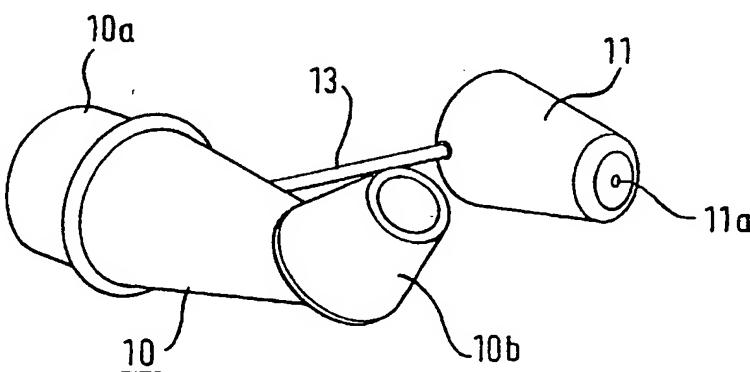
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(54) Title: THERAPEUTIC AEROSOL DEVICE



(57) Abstract: A therapeutic aerosol device in which an aerosol generated by a nebulising device (1) is supplied through a nosepiece (10) to a patient's nostril so that the main aerosol flow supplied is able to emerge from the other nostril. The main aerosol flow is superimposed by pressure fluctuations. In order to guarantee that due to the pressure fluctuation, aerosol is transported to the para nasal sinuses according to the invention a flow resistance device (11) is provided in the other nostril.

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DESCRIPTION

THERAPEUTIC AEROSOL DEVICE

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The invention relates to a therapeutic aerosol device in which an aerosol generated in a nebulising device is supplied through a nosepiece to a patient's nasal cavities in the form 10 of a main aerosol flow.

Known in this context from "Ability of Aerosols to Penetrate Paranasal Sinuses" H. Kauff. Archive. klin. Exper. Ohren-, Nasen- and Kehlkopfheilk. 190, 95-108 (1968) is that pressure 15 fluctuations and vibrations can cause aerosols to penetrate the paranasal sinuses through which the main aerosol flow through the nasal cavities does not actively flow. An example of the application of these findings is known from EP 0 507 707 A1. According to this, an aerosol flow is superimposed 20 with pressure fluctuations which are intended to cause the aerosol particles/droplets in the main aerosol flow to pass through the ostia and enter the paranasal sinuses.

In this way, although the main aerosol flow does not directly 25 flow through the paranasal sinuses, they can be reached and treated by a drug administered in aerosol form. As with other types of aerosol therapy, it is attempted to deposit sufficient quantities of the drug at the desired points, for which in the case of the paranasal sinuses a sufficient 30 quantity of the aerosol in the main aerosol flow must pass through the ostia and penetrate the paranasal sinuses.

Experimental investigations on different models of human nose have demonstrated that when known therapeutic aerosol devices

are used deposition in the paranasal sinuses is less than expected and desired. The opening size of the ostia, which due to the disease is often extremely small, also has a greater influence on deposition than generally assumed.

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Against this background, the object of the invention is to disclose suitable measures for increasing the deposition of an aerosol in the paranasal sinuses to enable therapeutically useful and predictable deposition in the paranasal sinuses through which there is no active flow.

This object is achieved by a therapeutic aerosol device with the features in claim 1. Advantageous embodiments may be found in the dependent claims.

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The invention is based on the finding obtained in the experimental investigations that when an aerosol flow is supplied to a patient's nostril and then flows through the two nasal cavities, very surprisingly, one of the most decisive factors is the flow resistance presented to the pressure fluctuations at the other nostril. Only when there is flow resistance at the other nostril do the superimposed pressure fluctuations result in aerosol from the main aerosol flow through the nose reaching the paranasal sinuses as well and the aerosol being deposited there.

The invention will be further described with reference to examples of embodiments in the drawings. The drawings show:

30 Fig. 1 a view of a therapeutic aerosol device according to the invention

Fig. 2 a view of a flow resistance device according to the invention

Fig. 3 another view of a flow resistance device according to the invention

5 Fig. 4 a diagram for the determination of effective diameter/length value pairs for a flow resistance device according to the invention

10 Fig. 5A a cross-sectional view of another flow resistance device according to the invention

Fig. 5B a cross-sectional view of another flow resistance device according to the invention

15 Fig. 6 another view of a flow resistance device according to the invention

Fig. 7 a view of a device for the generation of pressure fluctuations

20 Fig. 8 a view of a flow resistance device according to the invention with an alternatively embodied connection device

25 Fig. 9 an alternative therapeutic aerosol device according to the invention

Fig. 10 an alternative nosepiece for a therapeutic aerosol device according to the invention

30 Fig. 11 a first example of an embodiment of a sensor device on an flow resistance device according to the invention, and

Fig. 12 a second example of an embodiment of a sensor device on a flow resistance device according to the invention

5 Fig. 1 shows a nebulising device 1 comprising an aerosol generator 2 arranged in a nebulising chamber 3. A liquid supplied at the foot of the aerosol generator is nebulised by means of the aerosol generator 2 when compressed air is supplied to the aerosol generator 2 via a connector 4

10 arranged at one end (at the bottom of Fig. 1) of the aerosol generator. The compressed air flows through a compressed air channel 5 arranged centrally in the aerosol generator and emerges at the other end of the aerosol generator from a nozzle opening 6. The liquid is drawn in through the suction

15 channels 7, which are arranged next to the nozzle opening and extend in the aerosol generator from the level of the nozzle opening to the foot of the aerosol generator and open towards the liquid supplied there, and nebulised into the nebulising chamber 3 in the area in front of the nozzle opening 6.

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In the case of aerosol therapies directed at the upper respiratory tracts, the bronchial tract and the lungs, a patient inhales the aerosol generated in this way whereby he withdraws the aerosol on inhaling through a mouthpiece

25 attached to a connecting piece 8 on the nebulising device. Hereby, ambient air flows through an air inlet flue 9 as required into the nebulising chamber 3 when the aerosol is withdrawn from the nebulising chamber 3 during the inhalation phase.

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In the case of aerosol therapies directed at the nasal cavity, the mouthpiece is replaced by a nosepiece 10 arranged at one end 10a for attachment to the connecting piece 8 on the nebulising device 1 while the other end 10b is designed

so that it may be introduced in a nostril in a patient's nose and seal it tightly. The end 10b preferably takes the shape of a truncated cone with an aperture angle α in a range of from 10° to 40° . Hereby, the longitudinal axis of the

5 truncated cone is inclined in relation to the longitudinal axis of the connecting piece 8 so that, when the nebuliser is held vertically, the nosepiece may be placed simply and comfortably in the patient's nostril.

10 In this way, the aerosol generated in the nebuliser device is supplied to one nostril and hence one nasal cavity of the patient. The compressed air supplied to the nebuliser device for the generation of the aerosol, ensures that there is a sufficient aerosol main flow in or through the patient's
15 nose. The main aerosol flow runs from one nostril through one nasal cavity to the other nasal cavity. This main aerosol flow is superimposed by pressure fluctuations as described in more detail below. Without further measures, the main aerosol flow emerges from the other nostril in the patient's nose
20 when the patient, as is usual with aerosol therapies for the paranasal sinuses, seals the nasal cavities from the throat and mouth by means of the soft palate.

According to the invention, as an additional measure a flow
25 resistance device 11 is arranged in the patient's other nostril (Figs. 2 to 5) by means of which a flow resistance for the pressure fluctuations and the main aerosol flow is established which is higher than the resistance of the natural flow path through the patient's nose. It is only with
30 the significantly higher flow resistance at the other nostril and hence at the other end of the flow path of the main aerosol flow through the patient's nose that an effective quantity of the aerosol is able to penetrate the paranasal sinuses.

The flow resistance at the patient's other nostril may be realised, for example, in the form of a stopper 11 with a small opening 11a as shown in Figs. 2 and 3. The stopper has

5 a basically conical shape with an aperture angle α in a range from 10° to 40° adapted to the nostrils in a human nose and which hence ensures a secure fit. The stopper is

10 preferably hollow as may be seen in Fig. 3 and comprises at the tapered end a drill-hole 11a through which the main aerosol flow emerges from the patient's nose. The diameter d of the drill-hole and its length l determine the flow resistance against the main aerosol flow. As the representation in Fig. 2 or 3 shows, the flow resistance according to the invention is evidently greater than the flow

15 resistance of the natural flow path through the patient's nose without the flow resistance device 11. Fig. 4 shows as an example a range of possible value pairs of diameter d and length l for opening 11a in a flow resistance device according to the invention. Suitable values for d and l may

20 be determined from this range, which is shown with a grey background in Fig. 4.

In an alternative embodiment as shown in Fig. 5A the hollow space in the stopper 11 is filled at least partially with a filter material 12 which, due to its filter properties, has

25 increased flow resistance. In one embodiment, the drill-hole 11b may be embodied larger, as Fig. 5 shows since the increase in the flow resistance is also due to the filter material 12. The filter material 12 also ensures that aerosol remnants are filtered off before they are able to escape into

30 the environment. With some drugs, the escape of even the minutest quantities is undesirable so that any measure to reduce the amount released is welcome.

Fig. 5B shows a further embodiment of a flow resistance device according to the invention in the form of a stopper 11 comprising a first area A-A with a large diameter and a second area B-B with a small diameter. The areas merge into each other so that overall a bell shape is produced which is penetrated by opening 11a in the longitudinal direction. Area A-A is introduced into the nostril and ensures a reliable and tight fit of the flow resistance device 11 according to the invention as is also the case with the other embodiments. A hollow space may also be provided in the interior of the embodiment according to Fig. 5B, as described and demonstrated with reference to Fig. 3. A filter may also be arranged in the hollow space as shown in Fig. 5A.

In order to simplify the handling of the nosepiece and in particular to prevent the stopper being lost, the stopper is preferably connected to the nosepiece, as shown in Fig. 6. This may be achieved by means of a flexible connecting element 13 which suggests the one-piece embodiment of the nosepiece 10 and the flow resistance device 11 from one and the same material. The flow resistance device 11 may alternatively be equipped with a ring arranged on the remote end of the connecting element 13 and which may be plugged onto the nosepiece 10 to secure the stopper on the nosepiece.

It also seems opportune to combine several flow resistance devices 11 each with a different flow resistance to form one therapeutic set and give the patient the option of changing the flow resistance devices 11 during aerosol therapy. This takes into account the changing conditions in the patient's nasal cavities during the course of the therapy and achieves a further improvement. For example, starting with a high flow resistance it is possible to change gradually to a lower flow resistance in order to adapt the therapy as the ostia expand

in response to the therapy. It is also possible and advisable to adapt the flow resistance according to the type or method of administration of the drug in particular with regard to the embodiment with a filter.

5

The pressure fluctuations characterising the main aerosol flow may be generated in different ways. As shown in Fig. 7, the pressure fluctuations may be generated by a membrane 20, which seals a hollow space 21 (pressure chamber) in a pressure-tight way, if the membrane 20 is moved to and fro by a piston rod 22. For this, the piston rod 22 is supported eccentrically on a driving pulley 23 so that the piston rod 22 causes a pressure-fluctuation-generating movement of the membrane 20 when the driving pulley 23 turns. For this, the driving pulley 23 is connected to an electric motor (not shown) or another suitable drive.

The movement of the membrane 20 exposes the air column, which is in the pressure chamber 21 and in a hose line 26 connected to a connection piece 24 on the pressure chamber 21, to pressure fluctuations which are sent to the nebuliser device 1 to be superimposed on the main aerosol flow. For this, according to the invention a pressure connection device 25, shown in Fig. 1, is provided on the nebuliser device 1. 20 Hereby, a particularly advantageous further embodiment of the invention for the achievement of the object mentioned at the beginning has been found to be the provision of a connection on the air inlet flue 9 in the nebulising device 1, as shown in Fig. 1. This method of imposing the pressure fluctuations on the main aerosol flow is characterised by a high deposition of aerosol in the paranasal sinuses. Particularly good deposition values may be obtained in particular with this type of connection to the nebuliser, but also with other embodiments of the connection, if the frequency of the 30

pressure fluctuations lies within a range of from 10 to 100 Hz, preferably in the range from 15 to 55 Hz.

Fig. 8 shows an example of an embodiment of the connection device 25 for the hose line 26 arranged on the inlet air flue 9 in the nebulising device 1. The connection device 25 according to Fig. 8 is embodied as an aerosol trap and also comprises by way of example a meander-shaped embodiment of the connecting section 27 which runs from the connection point 28 in the hose 26 to the outlet aperture 29 in the interior of the air inlet flue 9. The meander-shaped design means that the pressure fluctuations sent via the hose line 26 to the nebuliser device 1 in order to be superimposed on the main aerosol flow do not convey the aerosol into the hose line 26. The meandering route of the connecting area 27 ensures that aerosol conveyed in this area is precipitated and accumulated on the walls of the connecting section 27 in order preferably by means of a suitable design, for example an inclined design, of the connecting area 27 to be then returned to the interior of the nebuliser 1.

Fig. 9 shows a further embodiment of the device according to the invention in which part of the compressed air supplied to the aerosol generator 2 is tapped off in order to be supplied via the connecting device 25 for the hose line 26 into the nebuliser device 1. This ensures that, in addition to the pressure fluctuations via the inlet air flue 9, a flow of air is directed into the nebuliser device 1 to prevent aerosol being conveyed into the hose line 26. Provided in the line 30 conveying the partial flow to the connecting device is a throttle 31 that reduces the pressure of the partial flow. Fig. 9 shows that the partial flow is provided in addition to the meander-shaped design of the connecting section 27 in the connecting device 25. However, alternatively the partial flow

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may also be used together with the connecting device 25 shown in Fig. 1 in order to prevent the aerosol from being transported into the hose line 26.

Fig. 10 shows another embodiment of the nosepiece 10 according to the invention. In this example of an embodiment, the end 10b which is designed for the introduction of the nosepiece 10 into a patient's nostril comprises an inflatable balloon device 32 which may be operated via a compressed air supply line 33, for example with the compressed air supply for the aerosol generator 2, preferably via a throttle or with a manually operated pump. The balloon device 32 encloses the end 10b of the nosepiece 10 in an annular shape whereby the balloon device 32 has a cross section emulating a truncating cone when the balloon device 32 is inflated. When the nosepiece 10 has been introduced into the patient's nose, the balloon device 32 is filled with air and thereby expanded so that it lies tightly on the inner wall of the patient's nostril. This ensures that the nosepiece 10 sits securely and tightly in the patient's nostril. To remove the nosepiece 10, the pressure is relieved from the balloon device 32 again. A balloon device of this type is also possible on the flow resistance device according to the invention.

Fig. 11 shows a flow resistance device 11 according to the invention with an opening 11a in which a pressure sensor 34 is arranged in the drill-hole 11a. The pressure sensor 34 supplies an output signal to an evaluation device 35 that evaluates the signal and indicates to the patient on a display device 36 whether pressure fluctuations are identified to a sufficiently high degree or not. This supplies the patient with an acoustic or optical display enabling him to seal off the nasal cavity by means of the soft palate. The display device 36 may comprise light emitting diodes, for example in the colours red, yellow and

green, in order to indicate a good, moderate or poor seal or other optical or acoustic display devices.

Fig. 12 shows a purely mechanical solution which consists in
5 the fact that connected to the drill hole 11a of a flow
resistance device 11 is a transparent display line 37 which
has two markings 39 and 40 at an end 38 visible to the
patient. A display element 41 is provided in the display line
37 and moves under the influence of the main aerosol flow
10 which flows through the flow resistance device 11. If the
nasal cavity is closed by the patient's soft palate, the main
aerosol flow passes through the drill-hole 11a in the flow
resistance device 11 and moves the display element 41 in the
area of the marking 39 so that the patient can see that the
15 nasal cavity has been effectively sealed. If it is not
sealed, the display device 41 drops to marking 40 thus
signalling to the patient that a therapeutic fit has not been
achieved.

20 The purpose and object of the aerosol device according to the
invention is the targeted introduction of active ingredients
into the hollow cavities in the area of the nose and frontal
sinus. Due to anatomical reasons, these areas are poorly
supplied with blood and frequently poorly ventilated and
25 therefore active ingredients administered orally or
parenterally do not reach the site of action in
therapeutically efficacious concentrations. Since the access
points are very small and frequently obstructed, preferably
only the only drug formulations supplied to the site should
30 be those that may be transported with aerosol droplets and
have diameters of less than 10 μm and preferably
approximately 2 to 5 μm . The therapeutic action may be
improved by the use of surface-active and adhesive excipients
in the active ingredient formulations because such excipients

improve spreadability and wettability. Recommended to reduce the swelling of the mucous membrane is the application of vasoconstrictive substances before or in combination with anti-inflammatory and anti-allergenic active ingredients, for 5 example corticoids and/or antibiotics.

It is noted that the inventive therapeutic aerosol device may be at least partially integrated into a handheld device, such as a hand held aerosol device having a manually operated 10 supply device for generating an aerosol flow, such as a manually operated pump.

The following classes of active ingredients or substances can be applied by means of the device according to the invention: 15

Substances with an anti-inflammatory action, for example: betamethasone, beclomethasone, budesonide, ciclesonide, dexamethasone, desoxymethasone, fluocinolone acetonide, flucinonide, flunisolide, fluticasone, icomethasone, 20 rofleponide, triamcinolone acetonide, fluocortin butyl, hydrocortisone aceponate, hydrocortisone buteprate buteprate, hydroxycortisone-17-butyrate, prednicarbate, 6-methylprednisolone aceponate, mometasone furoate, elastane, prostaglandin, leukotriene, bradykinin antagonists, non- 25 steroid anti-inflammatory drugs (NSAIDs) and/or

anti-infective agents, for example: antibiotics with or without beta-lactamase inhibitors, for example clavulanic acid, sulbactam, tazobactam, etc. from the class of 30 penicillins, for example: benzylpenicillins (penicillin-G-sodium, ciemizone penicillin, benzathine penicillin G); phenoxy penicillins (penicillin V, propicillin); aminobenzyl penicillins (ampicillin, amoxycillin, bacampicillin), acylaminopenicillins (azlocillin,

mezlocillin, piperacillin, apalcillin), carboxypenicillins (carbenicillin, ticarcillin, temocillin), isoxazolyl penicillins (oxacillin, cloxacillin, dicloxacillin, flucloxacillin), amiodine penicillin (mecillinam)

5 cefalosporins, for example: cefazolins (cefazolin, cefazedone); cefuroximes (cerufoxim, cefamdoce, cefotiam); cefoxitins (cefoxitin, cefotetan, latamoxef, flomoxef); cefotaximes (cefotaxime, ceftriaxone, ceftizoxime, cefmenoxime); ceftazidimes (ceftadzidime, cefpirome, cefepime); cefalexins (cefalexin, cefaclor, cefadroxil, cefradine, loracarbef, cefprozil); cefiximes (cefixime, cefpodoxim proxetile, cefuroxime axetil, cefetamet pivoxil, cefotiam hexetil)

15 cabapenems and combinations, for example imipenem ± cilastin, meropenem, biapenem and monobactams (aztreonam), the above antibiotics, and/or aminoglycosides, for example: gentamicin, amikacin,

20 isepamicin, arbekacin, tobramycin, netilmicin, spectinomycin, neomycin, paromoycin, kanamycin, and/or macrolides, for example: erythromycin, clarythromycin, roxithromycin, azithromycin, dithromycin, josamycin,

25 spiramycin, and/or gyrase inhibitors, for example: ciprofloxacin, gatifloxacin, norfloxacin, ofloxacin, levofloxacin, perfloxacin, lomefloxacin, fleroxacin, clinafloxacin, sitafloxacin, gemifloxacin, balofloxacin, trovafloxacin, moxifloxacin,

30 and/or antibiotics of other classes of active ingredients, for example: tetracyclines (doxycycline, minocycline), glycopeptides (vancomycin, teicoplanin, peptide 4),

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polymyxins (polymyxin B, colistin), tithromycin, lincomycin, clindamycin, oxazolidinones (linzolidins), chloramphenicol, fosfomycin, rifampicin, isoniazid, cycloserine, terizidone, ansamycin pentamidine, and/or

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sulfonamides and combinations, for example: sulfadiazine, sulfamethoxazole, sulfalene, co-trimoxazole, co-trimetrol, co-trimoxazine, co-tetraoxazine, and/or

10 nitroimidazoles and nitrofurans, for example, metronidazole, tinidazole, ornidazole, nitrofurantoin, nitrofurazone, and/or

15 antimycotics, for example: azole derivatives (clotrimazole, oxiconazole, miconazole, ketoconazole, itraconazole, fluconazole); polyene antibiotics (amphotericin B, natamycin, nystatin, flucytosine), and/or
virustatics, for example: podophyllotoxin, vidarabine, tromantadine, zidovudine,

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proteinase inhibitors,

alone or also in combination with:

25 extracts or ingredients of plants, for example: camomile, hamamelis, echinacea and calendula extract, essential oils (eucalyptus oil, camomile oil, pine needle oil, spruce needle oil, peppermint oil, thyme oil, rosemary oil), bisabol, cineole, myrtol, thymol, menthol, camphor and/or

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wound treatment agents and anti-oxidants, for example: dexamethasone, iodine povidone, tannin, bismuth salts, allantoin, zinc compounds, vitamins and trace elements, cod

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liver oil extract, tocopherols, glutathione, ascorbic acid, and/or

5 antiseptics: acridine derivatives, benzoates, rivanol, chlorhexetidine, quarternary ammonium compounds, cetrimides, biphenylol, clorofene, octenidine, and/or

10 mucolytics, for example: acetylcysteine, carbocysteine, ambroxol, bromhexine, tyloxa-pol, recombined surfactant proteins, DNase, and/or

15 substances to reduce swelling of the mucous membrane, for example: phenylephrine, naphazoline, tramazoline, tetryzoline, oxymetazoline, fenoxazoline, xylometazoline, epinephrine, isoprenaline, hexoprenaline, ephedrine, anti-allergic agents (DSCG), heparin, heparinoids, and/or

20 local anaesthetics, for example: tetracaine, procaine, lidocaine.

25 The aforementioned substances are preferably used in the form of their usual pharmaceutical configurations or as salts, esters, isomers, stereoisomers, diastereomers, epimers, etc. with the objective in each case of obtaining a pharmaceutical form that is stable when stored. For this, formulations may be used in a wide variety of pharmaceutical forms, for example as

30 solutions, suspensions, emulsions, powders or lyophilisates etc. in 2 chamber systems with aqueous or non-aqueous solvents or mixtures, etc. It is advantageous to use excipients that improve solubility for example glycerol, propylene glycol, ethanol, encourage penetration of the paranasal sinuses and frontal sinuses, reduce surface tension and/or prolong the deposition time and dwell time (control

release) at the site in question, which may be achieved, for example, by the addition of non-ionic surfactants, for example tyloxapol, vitamin E-TPGS, polysorbates, pluronics, etc. and/or other additives for example phospholipids, 5 cellulose ether, dextrans, chitosans, cyclodextrines, polyvinylpyrrolidone, polyvinyl alcohol, etc.

Also claimed as inventive is the formulation and application of the aforementioned classes of active ingredients and 10 substances as liposomes, suspensions and emulsions in the micrometer range and preferably in the nanometre ranger with a geometric diameter of less than approximately 1 μm that are particularly suitable for transportation by small droplets. This ensures that by means of the device according to the 15 invention these preparations are better able to penetrate the paranasal sinuses and frontal sinuses and be deposited and hence develop their action. Active ingredients that have to be used as solid formulations due to their poor storage stability in solution may be either dissolved or suspended 20 with a suitable aqueous or non-aqueous solvent (for example glycerol, propylene glycol, polyglycols, pluronics, ethanol) or mixtures thereof shortly before application. Also claimed is a coating and encasing method to make malodorous or 25 locally irritant substances more tolerable for application by complexation, for example with cyclodextrins. Alternatively, these active ingredients may also be bonded to polymeric excipients, for example chitosan and cellulose ether 30 derivatives or gelatins in order to modify the absorption properties in such a way that the therapeutic effect may be intensified and the application frequency reduced. It is advantageous to use isotonic or hypertonic solutions containing soluble alkali and alkaline-earth salts (for example Emser salts, magnesium chloride, sodium hydrogen carbonate, etc.) and have a physiological pH range of 4-9.

This may be achieved by the addition of common pharmaceutical buffer substances to the active ingredient formulations. The formulations may also be provided with pharmaceutically common aroma and taste correcting agents to improve their 5 acceptance particular as far as children are concerned.

CLAIMS

1. Therapeutic aerosol device with

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a) a nebuliser device (1)

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aa. an aerosol generator (2) to which a gaseous medium, in particular air and preferably compressed air for the generation of a main aerosol flow may be supplied from a supply device, preferably a compressed air supply device,

and

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bb. A pressure connection device (25) to supply pressure fluctuations which are superimposed on the aerosol main flow,

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b) a nosepiece (10) to supply the aerosol into one of the two alae of the nose of a user connected to the nebuliser device (1), and

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c) a flow resistance device (11) at the other of the two alae of the user's nose.

2. Therapeutic aerosol device according to claim 1, characterised in that the supply device is a compressed air supply device and the aerosol generator is a nebuliser nozzle (2) with a compressed air channel (5) opening into a nozzle opening (6), and with at least one suction channel (7) through which a liquid to be nebulised is drawn in.

3. Therapeutic aerosol device according to either claim 1 or 2, characterised in that the nosepiece (10) is embodied at one end (10a) for attachment to a connecting piece (8) in the nebuliser device (1) and at the other 5 end (10b) for introduction into one nostril and the tight sealing of one of a user's nostrils.
4. Therapeutic aerosol device according to claim 3, characterised in that the end (10b) of the nosepiece 10 (10) embodied for introduction into one nostril is embodied in the form of a truncated cone, preferably with an aperture angle α in a range of from 10° to 40° .
5. Therapeutic aerosol device according to claim 4, 15 characterised in that the truncated cone shaped end (10b) of the nosepiece (10) has a longitudinal axis, which is inclined relative to the longitudinal axis of the connecting piece (8) of the nebuliser device (1).
- 20 6. Therapeutic aerosol device according to claim 5, characterised in that the angle between the longitudinal axes of the truncated cone shaped end (10b) and of the connecting piece (8) is in the range of from 30° to 75° .
- 25 7. Therapeutic aerosol device according to any one of claims 3 to 6, characterised in that the end embodied for introduction into one nostril (10b) of the nosepiece (10) is embodied with a balloon device (32) that may be inflated by the supply of compressed air in order to 30 ensure a reliable and tight fit of the nosepiece in one of a patient's nostrils.
8. Therapeutic aerosol device according to any one of claims 1 to 7, characterised in that the flow resistance

device (11) is embodied for introduction into the other of the user's nostrils.

9. Therapeutic aerosol device according to any one of the preceding claims, characterised in that the flow resistance device (11) comprises an opening (11a) smaller than the user's nostril.
10. Therapeutic aerosol device according to any one of the preceding claims, characterised in that the flow resistance device (11) comprises a filter device (12).
11. Therapeutic aerosol device according to any one of the preceding claims, characterised in that the flow resistance device (11) is connected to the nosepiece (10) by a connecting element (13).
12. Therapeutic aerosol device according to claim 11, characterised in that the flow resistance device (11) is embodied in one piece with the nosepiece (10).
13. Therapeutic aerosol device according to any one of the preceding claims, characterised in that the flow resistance device (11) is a stopper in particular a stopper with a hollow space.
14. Therapeutic aerosol device according to claim 13, characterised in that the stopper (11) is embodied in the form of a truncated cone, preferably with an aperture angle α in a range of from 10° to 40° .
15. Therapeutic aerosol device according to claim 13, characterised in that the stopper is embodied in a bell

shape with a first area (A-A) with a large diameter and a second diameter (B-B) with a small diameter.

16. Therapeutic aerosol device according to any one of the preceding claims, characterised in that the nebuliser device (1) comprises an air inlet flue (9) and the pressure connection device (25) is intended to supply pressure fluctuations at the air inlet flue (9).
- 10 17. Therapeutic aerosol device according to claim 16, characterised in that the pressure connection device (25) comprises a meander-shaped guide (27) for the compressed air.
- 15 18. Therapeutic aerosol device according to any one of the preceding claims, characterised in that compressed air is supplied through the pressure connection device (25).
19. Therapeutic aerosol device according to any one of the preceding claims, characterised in that the frequency of the pressure fluctuations lies within the range from 10 to 100 Hz, preferably in the range from 15 to 55 Hz.
20. Therapeutic aerosol device according to any one of the preceding claims, characterised in that the pressure fluctuations are generated by means of a membrane compressor comprising a membrane (21) that seals a pressure chamber (20) in a pressure-tight way and is moved to and fro by a piston rod.
- 30 21. Therapeutic aerosol device according to claim 15, characterised in that the pressure chamber (21) comprises a connecting piece (24) for the connection of

a hose line (26) which is connected to the pressure connection device (25) in the nebuliser device.

22. Therapeutic aerosol device according to any one of the
5 preceding claims, characterised in that a sensor device
(34, 37, 41) to determine the main aerosol flow or the
pressure fluctuations is provided on the flow resistance
device (11).

10 23. Therapeutic aerosol device according to claim 22,
characterised in that an evaluation device (35) and a
display device (36) are connected to the sensor device
(34) to indicate to the patient whether the main aerosol
flow or the pressure fluctuations are sufficiently
15 within the area of the flow resistance device (11).

24. Therapeutic aerosol device according to any one of the
preceding claims, characterised in that the sensor
device comprises a movable display element (41) which is
20 arranged in a display section (38) of the sensor device
(37) and is moved by the main aerosol flow or the
pressure fluctuations.

25. Therapeutic aerosol device according to any one of
25 claims 1 to 23 for the application of one or more of the
following substances:
30 substances with an anti-inflammatory action, for
example: betamethasone, beclomethasone, budesonide,
ciclesonide, dexamethasone, desoxymethasone,
fluconolone acetonide, flucinonide, flunisolide,
fluticasone, icomethasone, rofleponide, triamcinolone
acetonide, fluocortin butyl, hydrocortisone aceponate,
hydrocortisone buteprate buteprate, hydroxycortisone-17-

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butyrate, prednicarbate, 6-methylprednisolone aceponate, mometasone furoate, elastane-, prostaglandin-, leukotriene-, bradykinin- antagonists, non-steroidal anti-inflammatory drugs (NSAIDs) and/or

5

anti-infective agents, for example: antibiotics with or without beta-lactamase inhibitors, for example clavulanic acid, sulbactam, tazobactam, etc. from the class of

10

penicillins, for example: benzylpenicillins (penicillin-G-sodium, clemizone penicillin, benzathine penicillin G); phenoxy penicillins (penicillin V, propicillin); aminobenzyl penicillins (ampicillin, amoxycillin, 15 bacampicillin), acylaminopenicillins (azlocillin, mezlocillin, piperacillin, apalcillin), carboxy penicillins (carbenicillin, ticarcillin, temocillin), isoxazolyl penicillins (oxacillin, cloxacillin, dicloxacillin, flucloxacillin), amiidine 20 penicillin (mecillinam),

cephalosporins, for example: cefazolins (cefazolin, cefazedone); cefuroximes (cerufoxim, cefamdolet, cefotiam); cefoxitins (cefoxitin, cefotetan, latamoxef, 25 flomoxef); cefotaximes (cefotaxime, ceftriaxone, ceftizoxime, cefmenoxime); ceftazidimes (ceftadzidime, cefpirome, cefepime); cefalexins (cefalexin, cefaclor, cefadroxil, cefradine, loracarbef, cefprozil); cefiximes (cefixime, cefpodoxim proxetile, cefuroxime axetil, 30 cefetamet pivoxil, cefotiam hexetil),

cabapenems and combinations, for example imipenem ± cilastin, meropenem, biapenem monobactams (aztreonam), the above antibiotics and/or

aminoglycosides, for example: gentamicin, amikacin, isepamicin, arbekacin, tobramycin, netilmicin, spectinomycin, neomycin, paromoycin, kanamycin, and/or

5 macrolides, for example: erythromycin, clarythromycin, roxithromycin, azithromycin, dithromycin, josamycin, spiramycin, and/or

10 gyrase inhibitors, for example: ciprofloxacin, gatifloxacin, norfloxacin, ofloxacin, levofloxacin, perfloxacin, lomefloxacin, fleroxacin, clinafloxacin, sitafloxacin, gemifloxacin, balofloxacin, trovafloxacin, moxifloxacin, and/or

15 antibiotics of other classes, for example: tetracyclines (doxycycline, minocycline), glycopeptides (vancomycin, teicoplanin, peptide 4), polymyxins (polymyxin B, colistin), tithromycin, lincomycin, clindamycin,

20 oxazolidinones (linzolidins), chloramphenicol, fosfomycin, rifampicin, isoniazid, cycloserine, terizidone, ansamycin pentamidine, and/or

sulfonamides and combinations, for example:

25 sulfadiazine, sulfamethoxazole, sulfalene, co-trimoxazole, co-trimetrol, co-trimoxazine, co-tetraoxazine, and/or

nitroimidazoles and nitrofurans, for example,

30 metronidazole, tinidazole, ornidazole, nitrofurantoin, nitrofurazone, and/or

antimycotics, for example: azole derivatives (clotrimazole, oxiconazole, miconazole, ketoconazole,

itraconazole, fluconazole); polyene antibiotics (amphotericin B, natamycin, nystatin, flucocytosine, and/or

5 virusstatics, for example: podophyllotoxin, vidarabine, tromantadine, zidovudine, proteinase inhibitors,

alone or also in combination with:

10 extracts or ingredients of plants, for example: camomile, hamamelis, echiancea and calendula extract, essential oils (eucalyptus oil, camomile oil, pine needle oil, spruce needle oil, peppermint oil, thyme oil, rosemary oil), bisabol oil, cineole, myrtol, 15 thymol, menthol, camphor and/or

wound treatment agents and anti-oxidants, for example: dexpantenol, iodine povidone, tannin, bismuth salts, allantoin, zinc compounds, vitamins and trace elements, 20 cod liver oil extract, tocopherols, glutathione, ascorbic acid, and/or

25 antiseptics: acridine derivatives, benzoates, rivanol, chlorhexetidine, quarternary ammonium compounds, cetrimides, biphenyol, clorofene, octenidine, and/or

mucolytics, for example: acetylcysteine, carbocysteine, ambroxol, bromhexine, tyloxapol, recombined surfactant proteins, DNase and/or

30 substances to reduce swelling of the mucous membrane, for example: phenylephrine, naphazoline, tramazoline, tetryzoline, oxymetazoline, fenoxazoline, xylometazoline, epinephrine, isoprenaline,

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hexoprenaline, ephedrine, anti-allergic agents (DSCG), heparin, heparinoids, and/or

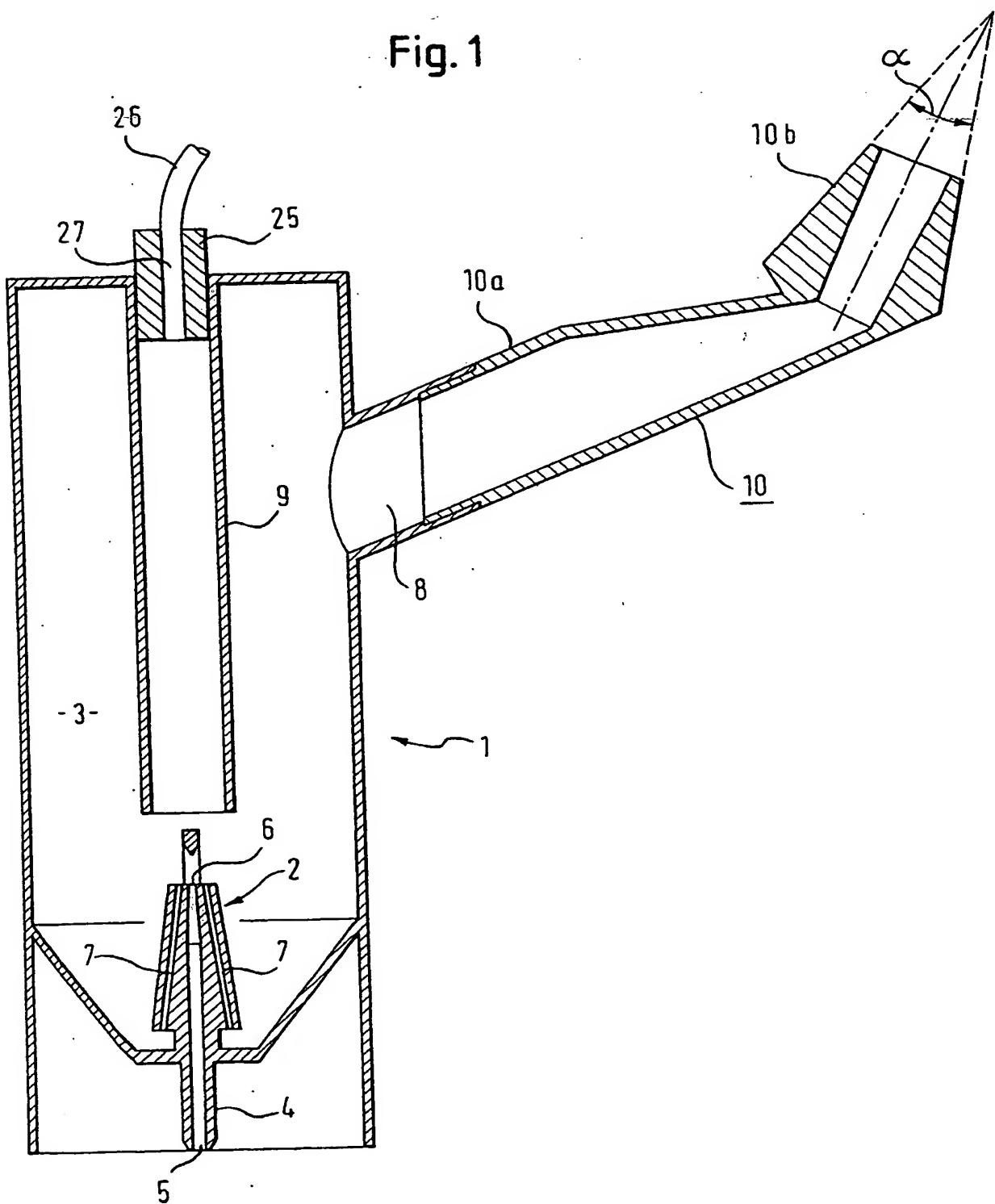
5 local anaesthetics, for example: tetracaine, procaine, lidocaine.

26. Therapeutic aerosol device according to claim 25, characterised in that application by means of a therapeutic aerosol device in accordance with any one of 10 claims 1 to 23 takes place in such a way that aerosol droplets with a diameter of less than 10 μm and preferably approximately 2 to 5 μm are generated.

27. Therapeutic aerosol device according to either claim 25 15 and 26, characterised in that at least one of the substances is used as a liposome, suspension or emulsion in the micrometer range preferably in the nanometer range with a geometric diameter of less than approximately 1 μm .

20 28. Therapeutic aerosol device according to any one of claims 1 - 27, integrated into a handheld device.

Fig. 1



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Fig. 2

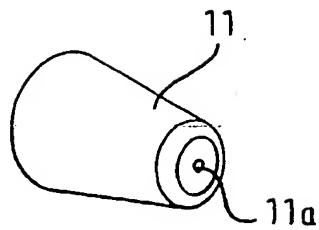


Fig. 3

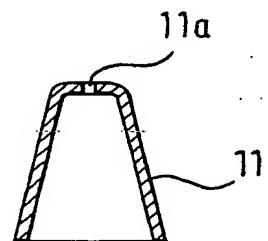


Fig. 5A

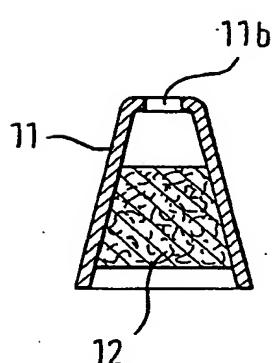


Fig. 5B

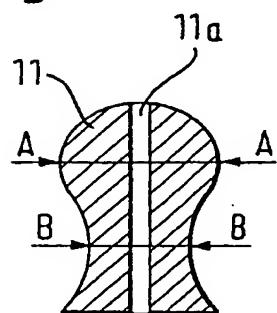
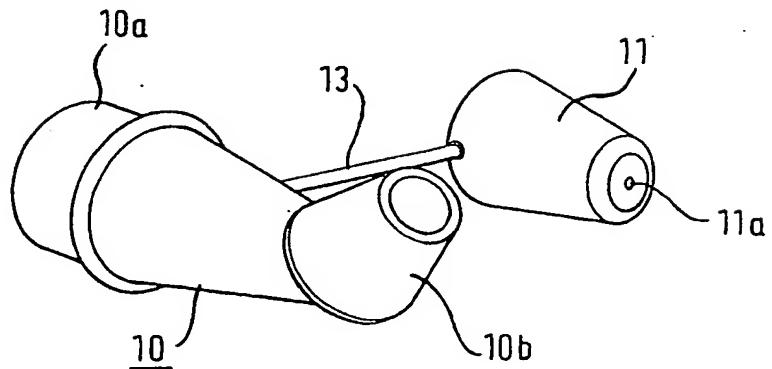


Fig. 6 x



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Fig. 4

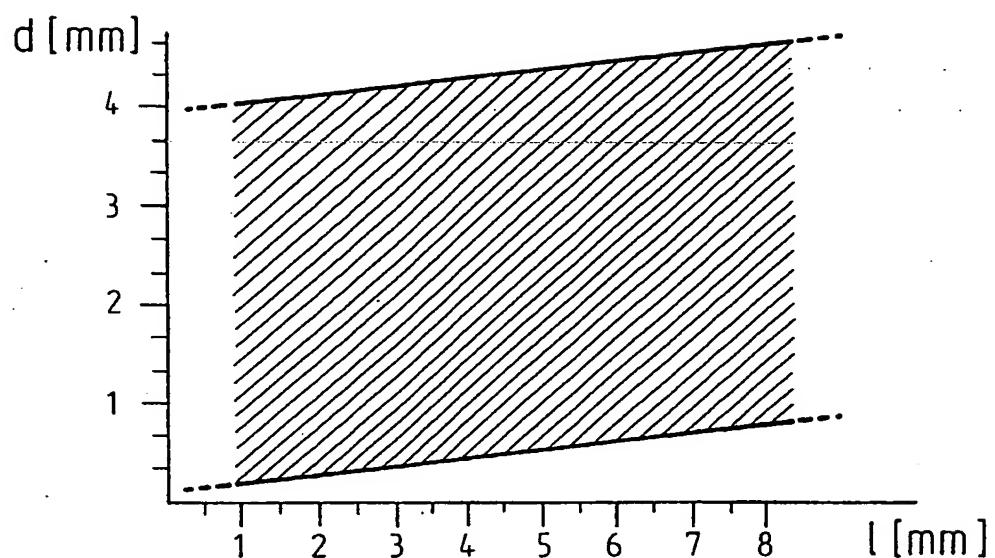
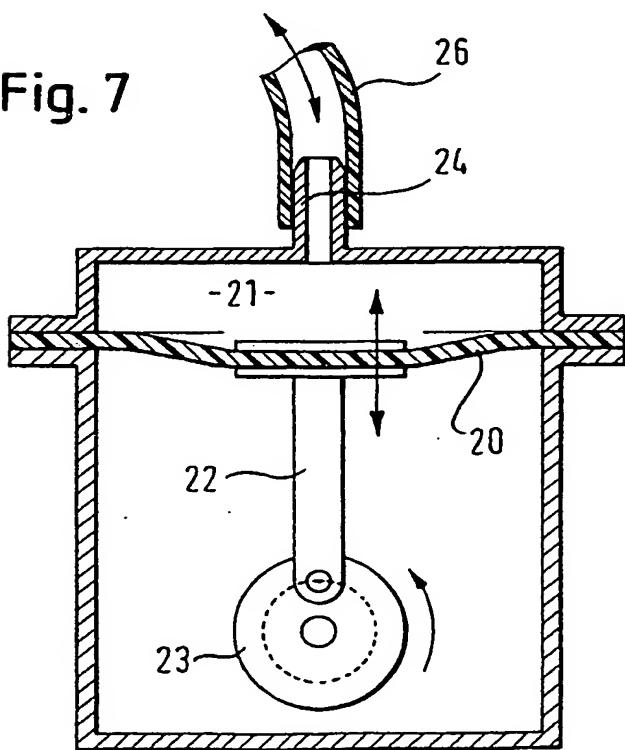


Fig. 7



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Fig. 8

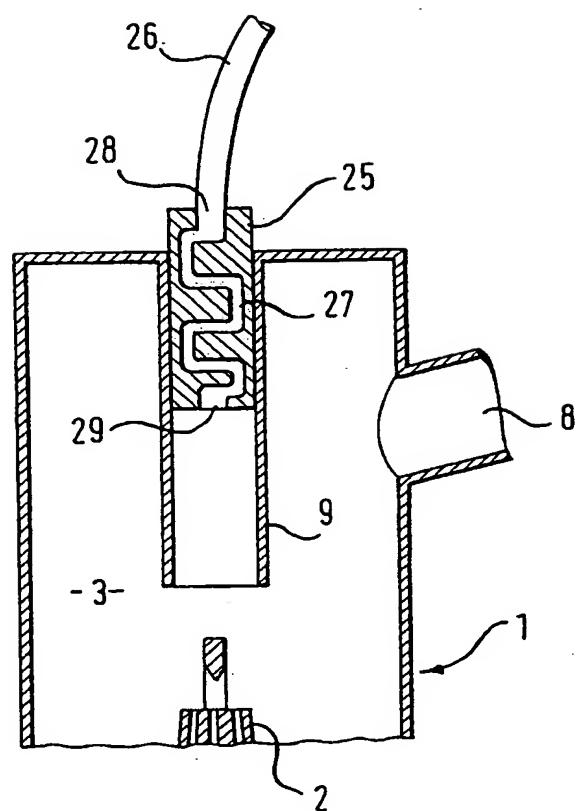
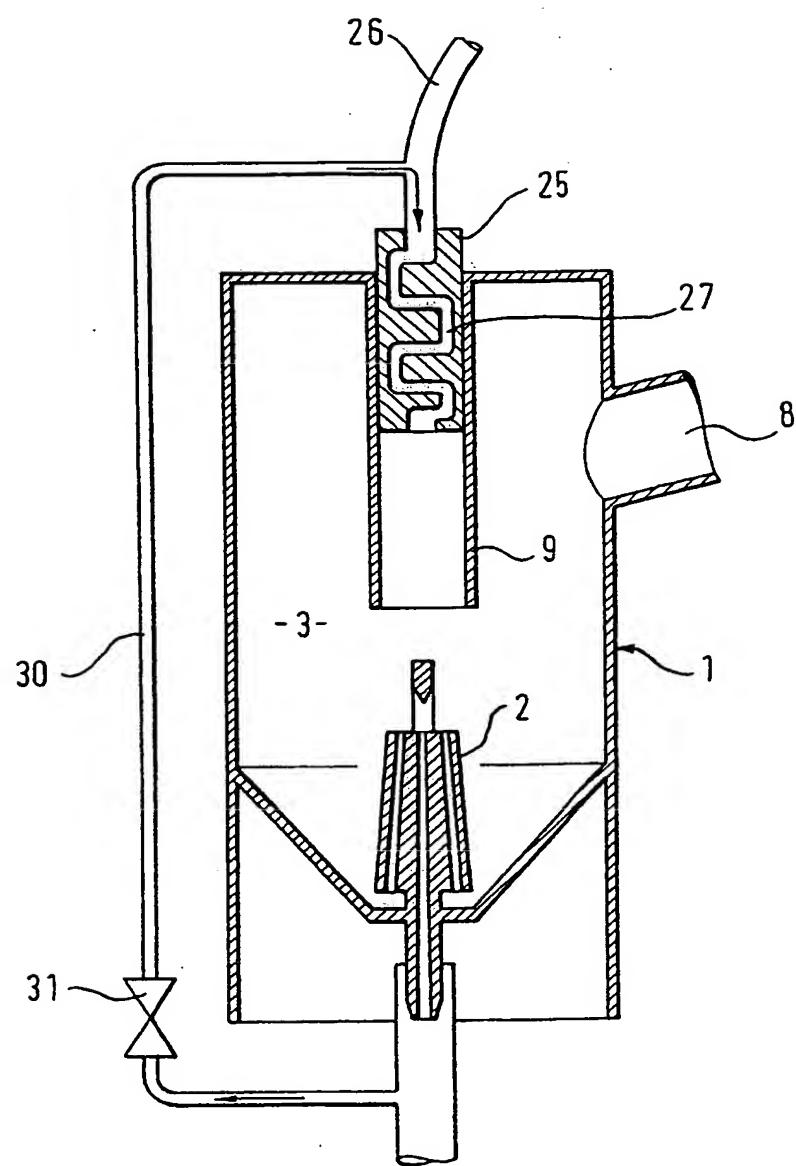


Fig. 9



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Fig. 10

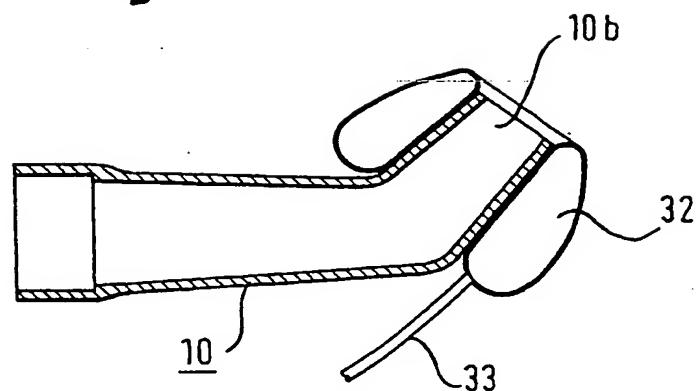


Fig. 11

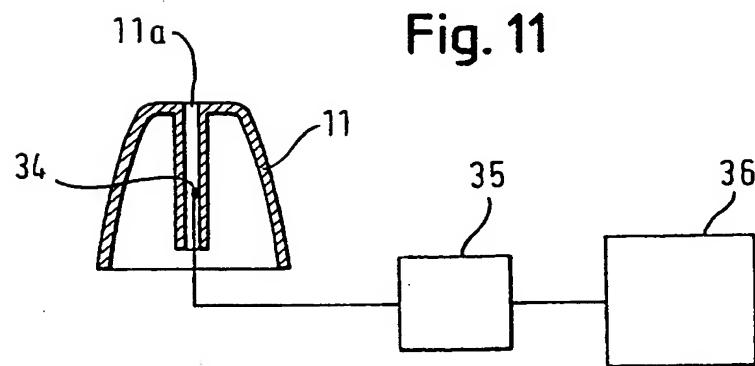
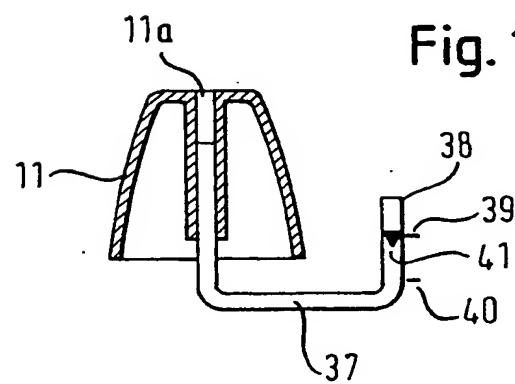


Fig. 12



INTERNATIONAL SEARCH REPORT

International Application No
PCT/EP 03/09862

A. CLASSIFICATION OF SUBJECT MATTER
IPC 7 A61M15/08

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
IPC 7 A61M

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the International search (name of data base and, where practical, search terms used)

EPO-Internal

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	<p>EP 0 507 707 A (DIFFUSION TECH FRANCAISE SARL) 7 October 1992 (1992-10-07) cited in the application</p> <p>column 1, line 1 - line 12 column 2, line 7 -column 3, line 5 column 3, line 22 -column 5, line 58 claim 1; figures 1-4</p> <p>---</p> <p style="text-align: center;">-/-</p>	<p>1-6, 8-11,13, 14,16, 18-28</p>

Further documents are listed in the continuation of box C.

Patent family members are listed in annex.

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Date of the actual completion of the International search

3 December 2003

Date of mailing of the International search report

12/12/2003

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INTERNATIONAL SEARCH REPORT

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Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
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Information on patent family members

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